

File 350:Derwent WPIX 1963-2004/UD,UM &UP=200411
File 347:JAPIO Oct 1976-2003/Oct(Updated 040202)
File 371:French Patents 1961-2002/BOPI 200209
S1 4 AU='CHRIST TILO'
S2 29 AU='CHRIST T'
S3 164 AU='SCHMIDT V'
S4 7 AU='SCHMIDT VOLKER DR'
S5 5 AU='SCHULL H':AU='SCHULL H M'
S6 29 AU='STRIEBEL W':AU='STRIEBEL WERNER'
S7 4 S1:S2 AND S3:S4 AND S5 AND S6
S8 12876 (AFTER OR POST) (5W)DISCHARG??? OR POSTDISCHARG???
S9 0 (S1:S6 AND S8) NOT S7
S10 3916 POST()OPERATIVE OR POSTOPERATIVE
S11 0 (S1:S6 AND S10) NOT S7

7/7/1 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX
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015198671 **Image available**
WPI Acc No: 2003-259205/200326

Arranging tele-medical health service involves checking whether request from user to service can be associated with substantially corresponding offering provided by provider

Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I); SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHULL H (SCHU-I); STRIEBEL W (STRI-I); ZAHLMANN G (ZAHL-I)

Inventor: CHRIST T ; PRIHODA H; SCHMIDT V ; SCHNEIDER S; SCHUELL H; STRIEBEL W ; ZAHLMANN G; SCHULL H

Number of Countries: 031 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1282062	A2	20030205	EP 200216431	A	20020722	200326 B
US 20030028400	A1	20030206	US 2002197530	A	20020718	200326
DE 10137430	A1	20030220	DE 1037430	A	20010731	200326

Priority Applications (No Type Date): DE 1037430 A 20010731

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1282062	A2	G	8	G06F-019/00	

Designated States (Regional): AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR
US 20030028400 A1 G06F-017/60
DE 10137430 A1 G06F-019/00

Abstract (Basic): EP 1282062 A2

NOVELTY - The method involves automatically checking whether a contract can be made between the provider and client using a data processing device. A customer request is received via public communications network, contacting a first database to receive information about service offerings and checking whether the request to the service can be associated with a substantially corresponding offering.

USE - For arranging tele-medical health service between provider and client.

ADVANTAGE - Simplifies relatively rapid determination of whether a contract can be made between the provider and client.

DESCRIPTION OF DRAWING(S) - The drawing shows a schematic representation of an inventive system
public communications network (1)

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client computer (2)
 provider's computer (3)
 data processing device (4)
 databases (5-7)
 pp; 8 DwgNo 1/1

Derwent Class: S05; T01

International Patent Class (Main): G06F-017/60; G06F-019/00

International Patent Class (Additional): G06F-007/00; G06F-017/00

7/7/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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015108695 **Image available**

WPI Acc No: 2003-169214/200317

Provision of tele-medicine services with a single central data processing device that is able to control and monitor all the required services provided by a distributed system

Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I); SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHUELL H (SCHU-I); STRIEBEL W (STRI-I); ZAHLMANN G (ZAHL-I)

Inventor: CHRIST T ; PRIHODA H; SCHMIDT V ; SCHNEIDER S; SCHUELL H ; STRIEBEL W ; ZAHLMANN G; SCHUELL H

Number of Countries: 029 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1267297	A2	20021218	EP 200212117	A	20020531	200317 B
CA 2390135	A1	20021213	CA 2390135	A	20020611	200317
DE 10128522	A1	20030102	DE 1028522	A	20010613	200317
JP 2003016196	A	20030117	JP 2002169518	A	20020611	200317
US 20030074221	A1	20030417	US 2002172539	A	20020613	200329

Priority Applications (No Type Date): DE 1028522 A 20010613

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1267297	A2	G	11	G06F-019/00	

Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
 LI LT LU LV MC MK NL PT RO SE SI TR

CA 2390135 A1 E G06F-017/60

DE 10128522 A1 G06F-019/00

JP 2003016196 A 8 G06F-017/60

US 20030074221 A1 G06F-017/60

Abstract (Basic): EP 1267297 A2

NOVELTY - Method for control and monitoring of the process flow of a tele-medicine service using a data processing device (6). Based on at least one criterion, the data processing device furnishes at least one part service from its health service provision service. The central data processing device monitors the process to ensure the part service is provided within a given time and fulfills qualitative requirements.

USE - Provision of tele-medicine services.

ADVANTAGE - A single central data processing device is able to control and monitor all the required services provided by a distributed system including recording and analyzing data.

DESCRIPTION OF DRAWING(S) - The figure shows a block diagram of an inventive data processing arrangement with a central unit connected to four other units for provision of partial services for tele-medicine health service provision.

Central control and monitoring data processing unit (6)

pp; 11 DwgNo 1/2
Derwent Class: S05; T01
International Patent Class (Main): G06F-017/60; G06F-019/00
International Patent Class (Additional): A61B-010/00; H04L-012/16

7/7/3 (Item 3 from file: 350)

DIALOG(R) File 350:Derwent WPIX
(c) 2004 Thomson Derwent. All rts. reserv.
015108694 **Image available**
WPI Acc No: 2003-169213/200317

Suitable medical institution finding method for delivery of a medical diagnosis has a database configured so that it can carry out a search based on an input order containing details of the area of expertise required

Patent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); PRIHODA H (PRIH-I); SCHMIDT V (SCHM-I); SCHNEIDER S (SCHN-I); SCHULL H (SCHU-I); STRIEBEL W (STRI-I); ZAHLMANN G (ZAHL-I)

Inventor: CHRIST T ; PRIHODA H; SCHMIDT V ; SCHNEIDER S; SCHULL H ; STRIEBEL W ; ZAHLMANN G; SCHUELL H

Number of Countries: 029 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1267296	A2	20021218	EP 200212116	A	20020531	200317 B
CA 2390147	A1	20021213	CA 2390147	A	20020611	200317
DE 10128524	A1	20030102	DE 1028524	A	20010613	200317
US 20020194030	A1	20021219	US 2001923430	A	20010808	200317
JP 2003099530	A	20030404	JP 2002170352	A	20020611	200332

Priority Applications (No Type Date): DE 1028524 A 20010613

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 1267296	A2	G	12	G06F-019/00	

Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI TR

CA 2390147	A1	E	G06F-017/60
DE 10128524	A1		G06F-017/60
US 20020194030	A1		G06F-017/60
JP 2003099530	A	8	G06F-017/60

Abstract (Basic): EP 1267296 A2

NOVELTY - Method has the following steps: transmission of an order together with medical records relating to a patient to a database; based on the order, automatic interrogation of the database to find a suitable medical institution to which order and medical records can be sent to; and transmission of the order and records to that institution.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for medical database configured to enable searches to find medical institutions with the required expertise to fulfill a particular request or order.

USE - Database system for helping a doctor to find a suitable medical institute or doctor to which or whom medical records and data can be sent in order to obtain an expert diagnosis. E.g. a general doctor might send an X-ray of the lungs of one of his patients to a lung specialist to receive a second opinion.

ADVANTAGE - The database system that a doctor can find a suitable institution to which findings can be sent in order to obtain an expert opinion.

DESCRIPTION OF DRAWING(S) - The figure shows a flow diagram of the inventive method. (Drawing includes non-English language text).

pp; 12 DwgNo 3/4

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Derwent Class: P31; S05; T01

International Patent Class (Main): G06F-017/60; G06F-019/00

International Patent Class (Additional): A61B-005/00; A61B-010/00;
G06F-017/30; H04L-012/16

7/7/4 (Item 4 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014764706 **Image available**

WPI Acc No: 2002-585410/200263

Method for out-patient monitoring of patients at home etc. for post-operative complications in which the patient records personal medical data and transmits them to a central call center and database with an alarm systemPatent Assignee: SIEMENS AG (SIEI); CHRIST T (CHRI-I); SCHMIDT V (SCHM-I)
; SCHULL H (SCHU-I); STRIEBEL W (STRI-I)

Inventor: CHRIST T ; SCHMIDT V ; SCHUELL H; STRIEBEL W ; LSCHULL H

Number of Countries: 027 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 1226782	A2	20020731	EP 2002804	A	20020114	200263 B
US 20020115913	A1	20020822	US 200253713	A	20020124	200263
DE 10103325	A1	20020829	DE 1003325	A	20010125	200264

Priority Applications (No Type Date): DE 1003325 A 20010125

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

EP 1226782 A2 G 9 A61B-005/00

Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
LI LT LU LV MC MK NL PT RO SE SI TR

US 20020115913 A1 A61B-005/00

DE 10103325 A1 G08B-021/00

Abstract (Basic): EP 1226782 A2

NOVELTY - Method in which data is recorded by the patient for his out-patient monitoring and transmitted to a central database (13) containing data for post-operative out-patients. Data is collected from a patient using a generalized form that is filled and then transmitted to a call center by voice, fax, etc.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is made for a device for out-patient monitoring of patients comprising a central database and an analysis device for analysis of data received from patients and an alarm system for generation of an alarm signal when certain analyzed data are considered critical.

USE - Monitoring of patients once they have left hospital after surgery for any complications, such as pneumonia, blood clots, bronchitis, etc.

ADVANTAGE - Patients can be effectively monitored for post-operative complications after they have been discharged speedily after an operation.

DESCRIPTION OF DRAWING(S) - Figure shows a block diagram of an inventive system.

patient (1)
patient location (2)
central database (13)
call center (10)
medical center or hospital. (3)
pp; 9 DwgNo 1/2

Derwent Class: P31; S05; T01

International Patent Class (Main): A61B-005/00; G08B-021/00

International Patent Class (Additional): G06F-019/00

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File 348: EUROPEAN PATENTS 1978-2004/Feb W02

File 349: PCT FULLTEXT 1979-2002/UB=20040212, UT=20040205

Set	Items	Description
S1	11	AU='CHRIST TILO'
S2	43	AU='SCHMIDT VOLKER':AU='SCHMIDT VOLKER DR ING'
S3	9	AU='SCHULL HANS':AU='SCHULL HANS-DIETER'
S4	16	AU='STRIEBEL WERNER':AU='STRIEBEL WERNER DIPL WIRTSCHAFTSM- ATH'
S5	7	S1 AND S2 AND S3 AND S4
S6	37	S1:S4 NOT S5
S7	1173927	METHOD
S8	9	S6 AND S7

5/3, AB/1 (Item 1 from file: 348)

DIALOG(R) File 348: EUROPEAN PATENTS

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01593034

Method for computer assisted documenting of a medical result**Rechnergestutzte Verfahren zur Dokumentation eines medizinischen Befundes****Methode de documentation assistee par ordinateur d'un resultat medical****PATENT ASSIGNEE:**SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 München
, (DE), (Applicant designated States: all)**INVENTOR:**

Christ, Tilo , Espenweg 21, 91058 Erlangen, (DE)

Prihoda, Heinz, Egerlandstrasse 9, 90562 Heroldsberg, (DE)

Schmidt, Volker, Dr. , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE)

Schneider, Siegfried, Dr., Kulmbacher Strasse 33, 91056 Erlangen, (DE)

Schull, Hans-Dieter , Gerersleite 19, 91085 Weisendorf, (DE)

Striebel, Werner , Rothenbacherstrasse 19, 90592 Schwarzenbruck, (DE)

Zahlmann, Gudrun, Dr., Johann-Mois-Ring 15a, 92318 Neumarkt, (DE)

PATENT (CC, No, Kind, Date): EP 1320059 A2 030618 (Basic)

APPLICATION (CC, No, Date): EP 2002026705 021129;

PRIORITY (CC, No, Date): DE 10161112 011212

DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR;

IE; IT; LU; MC; NL; PT; SE; SK; TR

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: G06F-019/00

ABSTRACT EP 1320059 A2 (Translated)

Automatic, computer based, method for filling out of the results of a medical examination or investigation when there are no exceptional symptoms or factors to record

Computer supported method for documentation of the results of a medical examination has the following steps: display of an electronic form with a display device of a computer system (1a); commanding of the computer using a single input device (31); and, based on the input command, automatic filling out of the electronic form with preset fields that are appropriate for results where there were no exceptional factors.

TRANSLATED ABSTRACT WORD COUNT: 93

NOTE: Figure number on first page: 1

LANGUAGE (Publication, Procedural, Application): German; German; German

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200325	491
SPEC A	(German)	200325	2136
Total word count - document A			2627

Total word count - document B 0
Total word count - documents A + B 2627

5/3,AB/2 (Item 2 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01546736
METHOD FOR MONITORING TELEMEDICINE HEALTHCARE SERVICES
VERFAHREN ZUR UBERWACHUNG TELEMEDIZINISCHER GESUNDHEITSDIENSTLEISTUNGEN
PROCEDE DE CONTROLE DE SERVICES DE SANTE TELEMEDICAUX
PATENT ASSIGNEE:
Siemens Aktiengesellschaft, (3937630), Wittelsbacherplatz 2, 80333
Munchen, (DE), (Applicant designated States: all)
INVENTOR:
CHRIST, Tilo , Espenweg 21, 91058 Erlangen, (DE)
PRIHODA, Heinz, Egerlandstr. 9, 90562 Heroldsberg, (DE)
SCHMIDT, Volker , Welsweg 3, 91054 Erlangen, (DE)
SCHNEIDER, Siegfried, Kulmbacher Str. 33, 91056 Erlangen, (DE)
SCHULL, Hans-Dieter , Gerbersleite 19, 91085 Weisendorf, (DE)
STRIEBEL, Werner , Rothenbacherstr. 19, 90592 Schwarzenbruck, (DE)
ZAHLMANN, Gudrun, Johann-Mois-Ring 15 a, 92318 Neumarkt, (DE)
PATENT (CC, No, Kind, Date): WO 2002101667 021219
APPLICATION (CC, No, Date): EP 2002747209 020610; WO 2002DE2109 020610
PRIORITY (CC, No, Date): DE 10128521 010613
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI;
LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: G07C-001/00
LANGUAGE (Publication,Procedural,Application): German; German; German

8/6/3 (Item 3 from file: 348)
01481270
METHOD AND DEVICE FOR ACQUIRING, INDIVIDUALIZING, TRANSMITTING AND
STORING AT LEAST ONE MEASURING DATUM AND INDIVIDUALIZATION DEVICE

8/6/9 (Item 1 from file: 349)
00902338 **Image available**
METHOD AND DEVICE FOR ACQUIRING, INDIVIDUALIZING, TRANSMITTING AND
STORING AT LEAST ONE MEASURING DATUM AND INDIVIDUALIZATION DEVICE

8/3,AB/1 (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS
(c) 2004 European Patent Office. All rts. reserv.
01563528
Method and system for remotely monitoring the activity of a medicament
Verfahren und System zum Fernuberwachen einer Wirkung eines Medikaments
Methode et systeme de surveillance a distance de l'activite d'un medicament
PATENT ASSIGNEE:
SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
, (DE), (Applicant designated States: all)
INVENTOR:
Schmidt, Volker , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE)
PATENT (CC, No, Kind, Date): EP 1300795 A2 030409 (Basic)
APPLICATION (CC, No, Date): EP 2002021044 020920;
PRIORITY (CC, No, Date): DE 10148838 011004
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR;

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February 19, 2004

IE; IT; LI; LU; MC; NL; PT; SE; SK; TR
 EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
 INTERNATIONAL PATENT CLASS: G06F-019/00
 ABSTRACT EP 1300795 A2 (Translated)

Remote monitoring of the effects of a medicament in a patient, useful for comparison of actual performance with expected actions, comprises a monitor on the patient which transmits data to a computer center

System for remote monitoring of the effects of a medicament (4) administered in a patient (1).

System for remote monitoring of the effects of a medicament (4) administered to a patient (1) comprises a database (11a), which carries a data file relating to the patient and the medication together with the expected performance. The actual performance data are taken at a receiver (11b) to be recorded for comparison with the expected performance. The computer (11) has a software program to implement the storage of the nominal data and, also, draw comparisons with the actual data. The patient carries a monitor (15) to register appropriate parameters, for subsequent transmission to the computer center (10).

TRANSLATED ABSTRACT WORD COUNT: 146

NOTE: Figure number on first page: 1

LANGUAGE (Publication,Procedural,Application): German; German; German

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200315	858
SPEC A	(German)	200315	2885
Total word count - document A			3743
Total word count - document B			0
Total word count - documents A + B			3743

8/3,AB/2 (Item 2 from file: 348)

DIALOG(R)File 348:EUROPEAN PATENTS

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01496813

**Method for monitoring the course of a therapy for a patient in therapy
 Verfahren zum Überwachen des Therapieverlaufs eines zu therapiierenden
 Patienten**

**Methode pour surveiller le déroulement d'une thérapie pour un patient en
 thérapie**

PATENT ASSIGNEE:

SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 München
 , (DE), (Applicant designated States: all)

INVENTOR:

Schmidt, Volker, Dr. , Welsweg 3, 91054 Erlangen, (DE)

Schneider, Siegfried, Dr., Kulmbacher Strasse 33, 91056 Erlangen, (DE)

Tiffe, Sven, Paul-Gossen-Strasse 99, 91052 Erlangen, (DE)

PATENT (CC, No, Kind, Date): EP 1256897 A2 021113 (Basic)

APPLICATION (CC, No, Date): EP 2002009687 020429;

PRIORITY (CC, No, Date): DE 10122778 010510

DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI;
 LU; MC; NL; PT; SE; TR

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: G06F-019/00

ABSTRACT EP 1256897 A2 (Translated)

Method for monitoring the course of a patient's therapy in which a value representative of the patient's condition is constantly monitored and a comparison value adjusted at regular intervals to ensure it matches

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the measur

Method in which a value representative of a diagnostic or therapeutic measure is recorded continuously or at regular time intervals and the value, or a value derived from it compared with a reference value. If a difference threshold is breached an alarm is generated. The reference value is set or adjusted at given time intervals automatically or by an authorized person or position with the person or position automatically advised of the result of the adjustment.

TRANSLATED ABSTRACT WORD COUNT: 111

NOTE: Figure number on first page: 1

LANGUAGE (Publication,Procedural,Application): German; German; German

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200246	618
SPEC A	(German)	200246	4538
Total word count - document A			5156
Total word count - document B			0
Total word count - documents A + B			5156

8/3,AB/4 (Item 4 from file: 348)

DIALOG(R) File 348:EUROPEAN PATENTS

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01439952

Method and medical system for monitoring a patient suffering from epilepsy

Verfahren und medizinisches System zur Überwachung eines an Epilepsie leidenden Patienten

Methode et système medical de surveillance d'un patient atteint d'épilepsie

PATENT ASSIGNEE:

SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen
, (DE), (Applicant designated States: all)

INVENTOR:

Schmidt, Volker, Dr. , Sieglitzhofer Strasse 28, 91054 Erlangen, (DE)

Striebel, Werner , Rothenbacher Strasse 19, 90592 Schwarzenbruck, (DE)

PATENT (CC, No, Kind, Date): EP 1226783 A2 020731 (Basic)

EP 1226783 A3 021002

APPLICATION (CC, No, Date): EP 2002000805 020114;

PRIORITY (CC, No, Date): DE 10103327 010125

DESIGNATED STATES: DE; FR; GB; IT

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: A61B-005/00

ABSTRACT EP 1226783 A2

Die Erfindung betrifft ein Verfahren und ein medizinisches System zur Überwachung wenigstens eines an Epilepsie leidenden Patienten auserhalb einer medizinischen Einrichtung. Zur Überwachung des Patienten wird wenigstens ein das Epilepsieleiden betreffender Messwert des Patienten erfasst, mit einer Auswertevorrichtung (24) ausgewertet und in einer zentralen Datenbank (27) gespeichert. Durch einen Alarmgeber (24) wird ein Alarmsignal erster Art ausgelöst, wenn der ausgewertete Messwert als für den Gesundheitszustand des Patienten kritisch eingestuft wird, oder es wird ein Alarmsignal zweiter Art ausgelöst wird, wenn der Messwert des Patienten ausbleibt.

ABSTRACT WORD COUNT: 86

NOTE: Figure number on first page: 1

LANGUAGE (Publication,Procedural,Application): German; German; German

FULLTEXT AVAILABILITY:

Serial 10/053713

February 19, 2004

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200231	711
SPEC A	(German)	200231	3122
Total word count - document A			3833
Total word count - document B			0
Total word count - documents A + B			3833

8/3,AB/7 (Item 7 from file: 348)

DIALOG(R) File 348:EUROPEAN PATENTS
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01110561

System and method for obtaining information on a patient having Parkinson's disease

Verfahren zur Ermittlung des im Rahmen des Parkinson-Syndroms bzw. der Parkinson-Krankheit relevanten klinischen Zustands eines Patienten, sowie System hierfür

Systeme et procede pour la collecte d'indications sur la maladie de Parkinson

PATENT ASSIGNEE:

SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, 80333 Munchen, (DE), (Applicant designated States: all)

INVENTOR:

Abraham-Fuchs, Klaus, Dipl.-Phys., Graslitzer Strasse 17, 91058 Erlangen, (DE)

Birkholzer, Thomas, Dr., Sauerheimer Weg 9C, 91085 Weisendorf, (DE)

Schmidt, Kai-Uwe, Dr., Gebbertstrasse 37, 91052 Erlangen, (DE)

Schmidt, Volker, Dr., Welsweg 3, 91054 Erlangen, (DE)

PATENT (CC, No, Kind, Date): EP 972489 A2 000119 (Basic)

EP 972489 A3 001025

APPLICATION (CC, No, Date): EP 99112982 990705;

PRIORITY (CC, No, Date): DE 19832053 980716

DESIGNATED STATES: DE; FR; GB; IT

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: A61B-005/00; A61B-005/11

ABSTRACT EP 972489 A2 (Translated)

Parkinson's disease patient clinical condition evaluation **method**

The **method** involves determining one or more measurable parameters that are dependent on the disease. Computer-aided analysis and evaluation of the measured parameters is used to determine the clinical condition.

The parameters may be measured by sensors used for detecting the movement of different parts of the body or sensory organs and may be combined with subjective information, to evaluate of the clinical condition.

TRANSLATED ABSTRACT WORD COUNT: 71

NOTE: Figure number on first page: 1

LANGUAGE (Publication, Procedural, Application): German; German; German

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(German)	200003	716
SPEC A	(German)	200003	2577
Total word count - document A			3293
Total word count - document B			0
Total word count - documents A + B			3293

File 155: MEDLINE(R) 1966-2004/Feb W3
File 5: Biosis Previews(R) 1969-2004/Feb W3
File 73: EMBASE 1974-2004/Feb W2
File 34: SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File 434: SciSearch(R) Cited Ref Sci 1974-1989/Dec

Set	Items	Description
S1	152	AU='CHRIST T'
S2	476	AU='SCHMIDT V'
S3	22	AU='SCHMIDT VOLKER':AU='SCHMIDT VOLKER H'
S4	6	AU='SCHMIDT V C' OR AU='SCHMIDT V H'
S5	98	AU='SCHMIDT V.' OR AU='SCHMIDT V.C.' OR AU='SCHMIDT V.H.'
S6	137	AU='SCHMIDT VC' OR AU='SCHMIDT VH'
S7	19	AU='CHRIST T.'
S8	2	AU='SCHULL H'
S9	8	AU='SCHUELL H'
S10	6	AU='STRIEBEL W' OR AU='STRIEBEL WERNER'
S11	0	(S1 OR S7) AND S2:S6 AND S8:S9 AND S10
S12	31259	(AFTER OR POST) (5W) DISCHARG??? OR POSTDISCHARG???
S13	854035	POST() (OPERAT??? OR SURGERY OR SURGICAL) OR POSTOPERAT? OR POSTOP? ? OR POSTSURGERY OR POSTSURGICAL
S14	7	S1:S10 AND S12:S13
S15	6	RD (unique items)
S16	114946	PATIENT? ? (5N) (MONITOR??? OR SURVEILLANCE)
S17	0	(S1:S10 AND S16) NOT S14

15/6/4 (Item 4 from file: 155)

07349711 PMID: 3809454

The significance of CT follow-up studies in acute craniocerebral trauma
including the postoperative course]

Zum Stellenwert von CT-Kontrolluntersuchungen beim akuten
Schadel-Hirn-Trauma (SHT) einschliesslich postoperativer Verlaufe.
1986

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File 155: MEDLINE(R) 1966-2004/Feb W3
File 5:Biosis Previews(R) 1969-2004/Feb W3
File 73: EMBASE 1974-2004/Feb W2
File 34: SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File 434: SciSearch(R) Cited Ref Sci 1974-1989/Dec
File 144:Pascal 1973-2004/Feb W2
File 2:INSPEC 1969-2004/Feb W2
File 6:NTIS 1964-2004/Feb W3
File 8:Ei Compendex(R) 1970-2004/Feb W2
File 94:JICST-EPlus 1985-2004/Feb W2
File 95:TEME-Technology & Management 1989-2004/Feb W1
File 99:Wilson Appl. Sci & Tech Abs 1983-2004/Jan
File 35:Dissertation Abs Online 1861-2004/Jan
File 65:Inside Conferences 1993-2004/Feb W3
S1 1256439 POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERATION OR SURGERY
OR SURGICAL)
S2 908940 COMPUTERI?ED OR AUTOMATED
S3 4190041 COMPUTER? ?
S4 2031458 ELECTRONIC????
S5 3060480 SURVEY??? OR QUESTION? OR CANVASS?
S6 10043977 PATIENT? ? OR OUTPATIENT? ?
S7 58233 (DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR -
SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8 10231 S1 AND S7
S9 69555 POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA-
RG? OR RELEAS?)
S10 7021 S1 AND S9
S11 1885 S8 AND S10
S12 15367 S8 OR S10
S13 210612 S2:S4 AND S5
S14 39 S12 AND S13
S15 26 RD (unique items)
S16 5 S15/2003:2004
S17 21 S15 NOT S16
S18 3 S17/2002 [not relevant]
S19 18 S17 NOT S18
S20 18 Sort S19/ALL/PY,A

20/6/12 (Item 12 from file: 73)

06342590 EMBASE No: 1996178258

Surgical site infections occurring after hospital discharge
1996

20/6/14 (Item 14 from file: 73)

10892645 EMBASE No: 2000374232

An uncommon cause of postoperative confusion
16 OCT 2000

20/6/17 (Item 17 from file: 73)

11245326 EMBASE No: 2001260026

National institutes of health consensus development conference statement:
Adjuvant therapy for breast cancer, November 1-3, 2000
04 JUL 2001

20/7/1 (Item 1 from file: 155)

Serial 10/053713

February 19, 2004

DIALOG(R)File 155:MEDLINE(R)

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04641487 PMID: 919883 Record Identifier: 775616; 00049307

[Simplified documentation and evaluation in abortion patients using data-based medical records]

Vereinfachte Dokumentation und Auswertung bei Interrputiopatienten durch ein datengerechtes Krankenblatt.

Rossel F; Richter P; Lochmann U

Zentralblatt fur Gynakologie (GERMANY, EAST) 1977, 99 (18) p1089-96,
ISSN 0044-4197 Journal Code: 21820100R

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Other Citation Owner: PIP; POP

Abstract Source: PIP

Record type: Completed

Now as ever the carrying out of abortions demands from all clinics concerned measures reducing the expenditure of time for every patient with the medical treatment remaining consistently good. Besides this, certain problems - such as complications and social gynaecological **questions** - must be registered in a better way than it was till now in order to be able to answer scientific questions on this basis. Therefore, a new printed form for the clinical history--evolved particularly for women wishing an abortion - was introduced into the womens clinic of the Medical Academy. It simplifies documentation which the information being sufficient. By registering them in a computer there are favourable conditions for ascertain the findings and informing central institutions.

A simplified 4-page patient medical record and data form for abortion patients is described. The first page records the patient's understanding of the operation, status of the vagina, and, when applicable, the patient's refusal of abortion and referral to medical care. The remaining pages cover general medical and gynecological history, sociodemographic characteristics of interest, medication, and laboratory values; and information on the abortion procedure, post-operative care, and discharge. These data are stored on computer tape for print-out when needed again. The form is simple, comprehensive, and uniform, and permits statistical analysis of abortion cases.

Record Date Created: 19771229

Record Date Completed: 19771229

20/7/5 (Item 5 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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10216605 PMID: 10136857

Need to measure outcome after discharge in surgical audit.

Hardwick R H; Saltrese-Taylor A; Collins C D

Taunton and Somerset Hospital.

Quality in health care - QHC (ENGLAND) Sep 1992, 1 (3) p165-7,
ISSN 0963-8172 Journal Code: 9209948

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

OBJECTIVE--To assess the accuracy of outcome data on appendicectomy routinely collected as part of a surgical audit and to investigate outcome in the non-audited period after discharge. DESIGN--Retrospective analysis of audit data recorded by the Medical Data Index (MDI) computer system for

all patients undergoing emergency appendicectomy in one year; subsequent analysis of their hospital notes and notes held by their general practitioners for patients identified by a questionnaire who had consulted their general practitioner for a wound complication. SETTING--One district general hospital with four consultant general surgeons serving a population of 250,000. PATIENTS--230 patients undergoing emergency appendicectomy during 1989. MAIN MEASURES--Comparison of postoperative complications recorded in hospital notes with those recorded by the MDI system and with those recorded by patients' general practitioners after discharge. RESULTS--Of the 230 patients, 29 (13%) had a postoperative complication recorded in their hospital notes, but only 14 (6%) patients had these recorded by the MDI system. 189 (82%) of the patients completed the outcome questionnaire after discharge. The number of wound infections as recorded by the MDI system, the hospital notes, and notes held by targeted patients' general practitioners were three (1%), eight (3%), and 18 (8%) respectively. None of 12 readmissions with complications identified by the hospital notes were identified by the MDI system. CONCLUSIONS--Accurate audit of postoperative complications must be extended to the period after discharge. Computerised audit systems must be able to relate readmissions to specific previous admissions.

Record Date Created: 19941118

Record Date Completed: 19941118

20/7/9 (Item 9 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

(c) 2004 Inst for Sci Info. All rts. reserv.

03683993 Genuine Article#: PX233 Number of References: 42

Title: **HEALTH-RELATED INFORMATION POSTDISCHARGE - TELEPHONE VERSUS FACE-TO-FACE INTERVIEWING**

Author(s): KORNERBITENSKY N; WOODDAUPHINEE S; SIEMIATYCKI J; SHAPIRO S; BECKER R

Corporate Source: JEWISH REHABIL HOSP,3205 PL ALTON GOLBLOOM/LAVAL H7V 1R2/PQ/CANADA/; MCGILL UNIV,SCH PHYS & OCCUPAT THERAPY/MONTREAL/PQ/CANADA/; INST ARMAND FRAPPIER,EPIDEMIOL & BIOSTAT UNIT/LAVAL/PQ/CANADA/; MCGILL UNIV,DEPT EPIDEMIOL & BIOSTAT/MONTREAL/PQ/CANADA/

Journal: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION, 1994, V75, N12 (DEC), P1287-1296

ISSN: 0003-9993

Language: ENGLISH Document Type: ARTICLE

Abstract: This study had two primary aims: (1) to determine the usefulness of a telephone-administered health status questionnaire as an epidemiological survey instrument in groups at high risk for morbidity and disability; and (2) to evaluate the value of a telephone interview for making judgments about individual patient management. A structured telephone interview was compared with a face-to-face interview in 366 individuals with a stroke or an orthopedic condition up to 5 years after discharge from a rehabilitation hospital. Standardized assessments including the Barthel Index, the Zung Scale, the Reintegration to Normal Living (RNL) Index, and the Pfeiffer Short Portable Mental Status Questionnaire (SPMSQ), along with questions on health, medication use, and health events were administered using both modes. Comparability between the modes was also assessed according to the type of respondent, self, or proxy. On the Barthel Index, the Zung Scale, the RNL Index, and the SPMSQ the percentage of patients indicated as having no disability was similar between the modes. proxies' responses were, in general, as consistent between the modes as patients' responses. The

reliability coefficients indicated moderate to substantial agreement between the modes on the majority of indices and health-related **questions**. Discord between modes, when present, was greatest for individuals with moderate and severe disability, with less frequent reporting of disability on the telephone. This study supports the use of telephone interviews in determining the prevalence of disability in the community and supports the use of the telephone interview in the case finding process.

20/7/11 (Item 11 from file: 155)
DIALOG(R)File 155: MEDLINE(R)
(c) format only 2004 The Dialog Corp. All rts. reserv.
12904485 PMID: 8555514

Postdischarge surgical site infection surveillance.

Fanning C; Johnston B L; MacDonald S; LeFort-Jost S; Dockerty E
Canadian journal of infection control - the official journal of the
Community & Hospital Infection Control Association-Canada = Revue
canadienne de prevention des infections / Association pour la (CANADA)
Autumn 1995, 10 (3) p75-9, ISSN 1183-5702 Journal Code: 9114581

Document type: Clinical Trial; Journal Article; Randomized Controlled Trial
Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

OBJECTIVE: To evaluate three methods for conducting post-discharge surgical site infection (SSI) surveillance. DESIGN: Patients undergoing in-patient and day-patient surgery were prospectively randomized to one of three surveillance methods: group 1, patient questionnaire (mailed back); group 2, surgeon follow-up card; or group 3, patient questionnaire (telephoned by an infection control practitioner [ICP]). There were 200 in-patients and 200 day-patients randomized to each group. Evaluation of SSI was conducted 30 days postoperatively. SETTING: A 760-bed tertiary care teaching hospital. RESULTS: Questionnaires were sent home with 350 patients. Fifteen in-patients and 35 day-patients were excluded; 15 in-patients and 17 day-patients returned questionnaires early (fewer than three weeks postoperation), leaving 54 of 185 in-patients (29.2%) and 25 of 165 day-patients (15.2%) with timely returns. Seven (three in-patients and four day-patients) reported symptoms of SSI. Surgeons received cards for 400 patients; cards were returned for 118 of 203 in-patients (58.1%) and 142 of 197 day-patients (72.1%). Twelve (seven in-patients and five day-patients) were reported to have developed SSI. ICPS telephoned 332 patients; 187 of 196 in-patients (95.4%) and 107 of 126 day-patients (84.9%) were reached in six or fewer attempts. Four in-patients and 74 day-patients were lost due to cancellation of surgery or no surgical incision. Fourteen (10 in-patients and four day-patients) reported symptoms of SSI. For group 1 patients, ICPS spent 17 h distributing questionnaires and instructing staff; for group 2, ICPs spent no time distributing material; and for group 3, ICPS spent at least 8 h completing data forms, 16.5 h on the telephone and 33 h conducting demographic data retrieval from the hospital computer. CONCLUSIONS: In this setting, surgeon follow-up cards were the most efficient and reliable method for conducting postdischarge SSI surveillance. They provided a good rate of return and were time efficient, and wound evaluation was done by trained professionals using standard criteria for diagnosis of postoperative SSI.

Record Date Created: 19960223

Record Date Completed: 19960223

20/7/13 (Item 13 from file: 73)

Serial 10/053713

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DIALOG(R)File 73:EMBASE

(c) 2004 Elsevier Science B.V. All rts. reserv.

07588040 EMBASE No: 1999067351

Efficient identification of postdischarge surgical site infections: Use of automated pharmacy dispensing information, administrative data, and medical record information

Sands K.; Vineyard G.; Livingston J.; Christiansen C.; Platt R.
Dr. K. Sands, Beth Israel Deaconess Medical Center, 330 Brookline Ave.,
Boston, MA 02215 United States
AUTHOR EMAIL: ksands@bidmc.harvard.edu
Journal of Infectious Diseases (J. INFECT. DIS.) (United States) 1999
, 179/2 (434-441)
CODEN: JIDIA ISSN: 0022-1899
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 12

Although most surgical site infections (SSIs) occur after hospital discharge , there is no efficient way to identify them. The utility of automated claims and electronic medical record data for this purpose was assessed in a cohort of 4086 nonobstetric procedures following which 96 postdischarge SSIs occurred. Coded diagnoses, tests, and treatments were assessed by use of recursive partitioning, with 10-fold cross-validation, and logistic regression with bootstrap resampling. Specific codes and combinations of codes identified a subset of 2% of all procedures among which 74% of SSIs had occurred. Accepting a specificity of 92% improved the sensitivity from 74% to 92%. Use of only hospital discharge diagnosis codes plus pharmacy dispensing data had sensitivity of 77% and specificity of 94%. All of these performance characteristics were better than questionnaire responses from patients or surgeons. Thus, information routinely collected by health care systems can be the basis of an efficient, largely passive, surveillance system for postdischarge SSIs.

20/7/16 (Item 16 from file: 73)

DIALOG(R)File 73:EMBASE

(c) 2004 Elsevier Science B.V. All rts. reserv.

11348757 EMBASE No: 2001362121

Electronic chart review as an aid to postdischarge surgical site surveillance: Increased case finding

Friedman C.; Sturm L.K.; Chenoweth C.
C. Friedman, University of Michigan Health System, 1500 E Medical Center
Dr, Ann Arbor, MI 48109-0755 United States
American Journal of Infection Control (AM. J. INFECT. CONTROL) (United
States) 2001, 29/5 (329-332)
CODEN: AJICD ISSN: 0196-6553
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 32

Background: At the University of Michigan Hospitals and Health Centers, there is increasing use of an electronic medical record. Because orthopedic surgeons dictate all outpatient visits to the patient's electronic record, total knee arthroplasties were chosen to determine whether the use of electronic medical records increased case finding. Methods: All patients who underwent a total knee arthroplasty during the study period (1996-1999) were followed prospectively with the use of the National Nosocomial Infection Surveillance System definitions. Traditional surveillance methods were used to ascertain infections. In addition, each

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patient's **postdischarge** outpatient clinic chart was reviewed **electronically** for 1 year **after operation**. Results: From 1996 to 1999, 555 procedures were performed. Overall, 25 infections were identified **after operation**. Seven infections were identified through traditional surveillance methods, which resulted in an average surgical site infection rate of 1.3%. The use of **electronic chart review surveillance after discharge** revealed a rate of 4.5%, which was significantly higher than traditional surveillance ($P < .01$). Eighteen of 25 infections (72%) would not have been identified with the use of traditional surveillance methods. Conclusion: **Postdischarge electronic chart review enhanced case finding significantly**, which resulted in a more accurate infection rate. Awareness should be given to the institutions' surveillance methods and intensity when comparing to published rates.

20/7/18 (Item 18 from file: 155)

DIALOG(R)File 155: MEDLINE(R)

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11446622 PMID: 11552932

Post-discharge surgical wound infection surveillance in a provincial hospital: follow-up rates, validity of data and review of the literature.

Kent P; McDonald M; Harris O; Mason T; Spelman D
Hospital Epidemiology and Infection Control Programme, St John of God Health Care, Geelong, Australia. paschal.kent@sjog.org.au

ANZ journal of surgery (Australia) Oct 2001, 71 (10) p583-9, ISSN 1445-1433 Journal Code: 101086634

Comment in ANZ J Surg. 2001 Oct;71(10) 563; Comment in PMID 11605599

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

BACKGROUND: Numerous studies suggest that many surgical site infections (SSI) come to light only **after discharge** from **hospital**. With increasing trends towards shorter length of stay and ambulatory day surgery, **post - discharge surveillance** may become necessary for all infection control programs, but the methodology has yet to be validated and standardized. The overall aim of the present study was to examine the impact of effective **post - discharge** SSI follow up on the overall SSI rate. METHODS: A prospective targeted surveillance programme of 1291 **surgical** procedures was conducted at St John of God Health Care Geelong using the standardized National Nosocomial Infections Surveillance (NNIS)

METHOD: **Questionnaires** were sent to surgeons and the results rigorously chased up. Factors giving rise to high follow-up rates and the relationship between follow up, attrition bias and validity of data were explored using a literature search. RESULTS: A **post - 1discharge** follow-up rate of 98.7% was achieved. When the **post - discharge** data were included, the overall SSI rate (6.0% (95% CI: 4.7-7.4)) was more than double that in hospital (2.7% (95% CI: 1.9-3.8)). CONCLUSIONS: An effective **post - discharge** follow-up programme significantly increased the SSI rate. From the authors' experience and a literature **survey**, possible ways to achieve high follow-up rates were suggested. It was also recommended that professional and regulating bodies in Australia be encouraged to standardize methodology and set minimum follow-up rates for **post - discharge** SSI surveillance. Increasing use of **computerized** hospital database systems for **automated** data gathering and processing should make this more practicable. (39 Refs.)

Record Date Created: 20010912

Record Date Completed: 20011101

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File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
File 233:Internet & Personal Comp. Abs. 1981-2003/Sep
File 474:New York Times Abs 1969-2004/Feb 17
File 475:Wall Street Journal Abs 1973-2004/Feb 17
File 256:SoftBase:Reviews,Companies&Prods. 82-2004/Jan

Set	Items	Description
S1	1871	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERATION OR SURGERY OR SURGICAL)
S2	27152	COMPUTERI?ED OR AUTOMATED
S3	401851	COMPUTER? ?
S4	219677	ELECTRONIC????
S5	200985	SURVEY??? OR QUESTION? OR CANVASS?
S6	35453	PATIENT? ? OR OUTPATIENT? ?
S7	669	(DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR - SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8	1443	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHARG? OR RELEAS?)
S9	32	S1 AND S7:S8
S10	17713	S2:S4 AND S5
S11	0	S9 AND S10
S12	0	S2:S4 AND S9
S13	1	S5 AND S9
S14	31	S9 NOT S13
S15	31	RD (unique items)
S16	2	S15/2003:2004
S17	0	S15/2002
S18	29	S15 NOT S16
S19	29	Sort S18/ALL/PY,A [not relevant]

13/6/1 (Item 1 from file: 583)

09099279

Lapsille ei anneta tarpeeksi kipulUUkettU

FINLAND: CHILDREN NOT GIVEN ENOUGH PAIN KILLERS

03 May 1999

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File 15:ABI/Inform(R) 1971-2004/Feb 17
 File 9:Business & Industry(R) Jul/1994-2004/Feb 16
 File 624:McGraw-Hill Publications 1985-2004/Feb 17
 File 16:Gale Group PROMT(R) 1990-2004/Feb 17
 File 160:Gale Group PROMT(R) 1972-1989
 File 148:Gale Group Trade & Industry DB 1976-2004/Feb 17
 File 621:Gale Group New Prod.Annou.(R) 1985-2004/Feb 17
 File 636:Gale Group Newsletter DB(TM) 1987-2004/Feb 17
 File 98:General Sci Abs/Full-Text 1984-2004/Jan

Set	Items	Description
S1	40477	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S2	775184	COMPUTERI?ED OR AUTOMATED
S3	5925648	COMPUTER? ?
S4	4325052	ELECTRONIC????
S5	3213575	SURVEY??? OR QUESTION? OR CANVASS?
S6	999909	PATIENT? ? OR OUTPATIENT? ?
S7	12339	(DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR - SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8	38407	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG? OR RELEAS?)
S9	2451853	MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10	1784753	SURVEILLANCE OR TRACK???
S11	37360	S6(2N)S9:S10
S12	518	S1(S)S7:S8
S13	10	S11(S)S12
S14	0	S13(S)S2
S15	1	S13(S)S3
S16	.1	S13(S)S4
S17	2	S15:S16
S18	25	S12(S)S5
S19	0	S18(S)S2
S20	3	S18(S)S3
S21	3	S18(S)S4
S22	3	S20:S21 NOT S17 [not relevant]
S23	8	S13 NOT (S17 OR S22)
S24	4	RD (unique items)

17/3,AB,K/1 (Item 1 from file: 148)

DIALOG(R) File 148:Gale Group Trade & Industry DB

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06125468 SUPPLIER NUMBER: 12562044 (USE FORMAT 7 OR 9 FOR FULL TEXT)

In-hospital and long-term mortality in male veterans following noncardiac
surgery. (Study of Perioperative Ischemia Research Group)

Browner, Warren S.; Li, Juliet; Mangano, Dennis T.

JAMA, The Journal of the American Medical Association, v268, n2, p228(5)

July 8, 1992

ISSN: 0098-7484 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 4088 LINE COUNT: 00349

ABSTRACT: Patients with high blood pressure or kidney disease or who have led sedentary life styles have a higher risk of death following surgery. Of 474 patients undergoing general surgery, 26 died shortly after the operation, 59 died within the first year and 23 died within the second year after surgery. Chronic disease was the main indicator of long term survival. Kidney disease, congestive heart failure, obstructive pulmonary

disease and **surgery** for cancer increased the mortality rate two to three times. After two years, 44% of patients with two of these diseases were no longer alive. Physicians should weigh the benefits and risk factors of recommending elective noncardiac surgery to patients with two or more of these risk factors. More than 75% of in-hospital deaths after surgery occurred several days to several weeks after surgery.

... and other, eg, neurosurgical and orthopedic (n=196); 110 patients underwent surgery for suspected malignancies. Patients were monitored for the occurrence of myocardial ischemia with a two-channel AM Holter electrocardiographic recorder (Series 8500, Marquette Electronics Inc, Milwaukee, Wis) for up to 2 days preoperatively, intraoperatively, and 2 days postoperatively. Patients were interviewed and examined by study physicians on each **postoperative** day until **hospital** discharge; patients reported to the Veterans Affairs clinic for annual visits thereafter. Long-term follow-up...

17/3,AB,K/2 (Item 2 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB
(c)2004 The Gale Group. All rts. reserv.

03650711 SUPPLIER NUMBER: 06621582 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Why seniors don't use technology. (includes related article)

Bowe, Frank

Technology Review, v91, n6, p34(7)

Aug-Sept, 1988

CODEN: TERE A ISSN: 0040-1692 LANGUAGE: ENGLISH RECORD TYPE:
FULLTEXT

WORD COUNT: 2872 LINE COUNT: 00223

... The recent Medicare reforms providing incentives for early **discharge** from **hospitals** may have brought this point home to some government planners. One reason Congress enacted the...

...other devices work about as effectively at home as in the hospital. And special telephone- **computer** linkages permit constant **monitoring** of **outpatients**. But when **hospitals** began **discharging** Medicare patients earlier **after surgery**, they started to see high recidivism rates. Many of the patients simply won't use...

24/8/1 (Item 1 from file: 16)

DIALOG(R)File 16:(c) 2004 The Gale Group. All rts. reserv.

08610228 Supplier Number: 74285924 (USE FORMAT 7 FOR FULLTEXT)

Biopure Announces Preliminary Efficacy Results for Phase III Clinical Trial of Hemopure(R) in Orthopedic Surgery Patients.

May 8, 2001

Word Count: 1311

PUBLISHER NAME: PR Newswire Association, Inc.

COMPANY NAMES: *Biopure Corp.

PRODUCT NAMES: *2833000 (Bulk Medicinals & Botanicals)

INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)

SIC CODES: 2833 (Medicinals and botanicals)

NAICS CODES: 325411 (Medicinal and Botanical Manufacturing)

SPECIAL FEATURES: LOB; COMPANY

24/8/2 (Item 2 from file: 16)

DIALOG(R)File 16:(c) 2004 The Gale Group. All rts. reserv.

05939231 Supplier Number: 53189134 (USE FORMAT 7 FOR FULLTEXT)

Biopure's Blood Substitute Reduces Blood Transfusions After Heart Surgery.

Nov 9, 1998

Word Count: 915
PUBLISHER NAME: PR Newswire Association, Inc.
COMPANY NAMES: *Biopure Corp.
GEOGRAPHIC NAMES: *1USA (United States)
PRODUCT NAMES: *2833400 (Bulk Cardiovascular & Blood Agents)
INDUSTRY NAMES: BUS (Business, General); BUSN (Any type of business)
NAICS CODES: 325411 (Medicinal and Botanical Manufacturing)
SPECIAL FEATURES: COMPANY

24/8/4 (Item 2 from file: 148)

DIALOG(R)File 148:(c)2004 The Gale Group. All rts. reserv.
08598778 SUPPLIER NUMBER: 18119174 (USE FORMAT 7 OR 9 FOR FULL TEXT)
Cardiovascular effects of intravenous triiodothyronine in patients undergoing coronary artery bypass graft surgery: a randomized, double-blind, placebo-controlled trial.

March 6, 1996

WORD COUNT: 5030 LINE COUNT: 00456
SPECIAL FEATURES: illustration; table; graph
INDUSTRY CODES/NAMES: HLTH Healthcare
DESCRIPTORS: Triiodothyronine--Therapeutic use; Coronary artery bypass--Complications; Cardiovascular system--Physiological aspects

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File 275:Gale Group Computer DB(TM) 1983-2004/Feb 17
 File 476:Financial Times Fulltext 1982-2004/Feb 18
 File 634:San Jose Mercury Jun 1985-2004/Feb 16
 File 149:TGG Health&Wellness DB(SM) 1976-2004/Feb W2
 File 444:New England Journal of Med. 1985-2004/Feb W4
 File 441:ESPICOM Pharm&Med DEVICE NEWS 2004/Feb W2
 File 369:New Scientist 1994-2004/Feb W2
 File 370:Science 1996-1999/Jul W3

Set	Items	Description
S1	28445	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S2	76961	COMPUTERI?ED OR AUTOMATED
S3	829753	COMPUTER? ?
S4	395704	ELECTRONIC????
S5	679772	SURVEY??? OR QUESTION? OR CANVASS?
S6	345671	PATIENT? ? OR OUTPATIENT? ?
S7	10290	(DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR - SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8	14019	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG? OR RELEAS?)
S9	413427	MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10	242438	SURVEILLANCE OR TRACK???
S11	927	S1(S)S7:S8
S12	11	S11(S)S2:S4
S13	11	RD (unique items)
S14	9	S9:S10 AND S13
S15	7	S5 AND S13
S16	10	S14:S15
S17	10	RD (unique items)
S18	1	S17/2003:2004
S19	9	S17 NOT S18
S20	9	Sort S19/ALL/PD,A
S21	2	S12 NOT S20 [not relevant]

20/8/3 (Item 3 from file: 149)

DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.
 01375607 SUPPLIER NUMBER: 13373844 (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Deep vein thrombosis in spinal cord-injured patients: evaluation and
assessment. (Deep Vein Thrombosis in Spinal Cord Injury)**

1992

WORD COUNT: 2890 LINE COUNT: 00239
 SPECIAL FEATURES: illustration; table
 DESCRIPTORS: Thrombosis, Deep vein--Diagnosis; Spinal cord injuries--Care
and treatment

20/8/4 (Item 4 from file: 149)

DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.
 01419386 SUPPLIER NUMBER: 13879615 (USE FORMAT 7 OR 9 FOR FULL TEXT)
**Early and rapid diagnosis of perioperative myocardial infarction in
aortocoronary bypass surgery by immunoturbidimetric myoglobin
measurements.**

1993

WORD COUNT: 1979 LINE COUNT: 00213
 SPECIAL FEATURES: illustration; graph
 DESCRIPTORS: Heart attack--Diagnosis; Myoglobin--Measurement; Coronary

Serial 10/053713

February 19, 2004

artery bypass--Complications

20/8/7 (Item 7 from file: 149)

DIALOG(R)File 149:(c) 2004 The Gale Group. All rts. reserv.

01836777 SUPPLIER NUMBER: 54774737 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Fatal Postoperative Pulmonary Edema.

1999

WORD COUNT: 5091 LINE COUNT: 00526

DESCRIPTORS: Pulmonary edema--Case studies; Surgery--Complications

GEOGRAPHIC CODES/NAMES: 1USA United States

20/3,AB,K/2 (Item 2 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

(c) 2004 The Gale Group. All rts. reserv.

01241720 SUPPLIER NUMBER: 09271825 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Outcomes of surgery under Medicaid.

Klingman, David; Pine, Penelope L.; Simon, James

Health Care Financing Review, v11, n3, p1(16)

Spring, 1990

PUBLICATION FORMAT: Magazine/Journal ISSN: 0195-8631 LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 8202 LINE COUNT: 00836

... a sufficient number of cases to provide statistically reliable results. It also raises serious ethical **questions**, e.g., withholding treatment from control patients when the treatment proves effective, or risking adverse...

...treatment in small-volume hospitals, given their distance from designated regional specialty hospitals. They also **question** the capacity of some designated regional hospitals to handle a larger patient load. Sloan, Perrin...wenzel, 1981). Nosocomial infections have also been shown to be more extensive than reported in **hospital discharge** abstracts (Massanari et al., 1987). Frequency of complications has also been used to characterize high...

...rates following appendectomy. Finally, Roos et al. (1985, 1986) have demonstrated that diagnosis codes in **computerized** claims records can be used to measure, for a variety of surgical procedures, the incidence... appear to be achieving consensus on an efficient method of identifying specific complication codes to **monitor**.

Summary

Post-surgical readmissions among Medicaid patients appear to be somewhat more prevalent in Georgia...regions have been observed in Medicare data (Ruther and Dobson, 1981) and National Health Interview **Survey** data (Link, Long, and Settle, 1982). These patterns have usually been attributed to greater problems...

... In terms of methodology, the results further demonstrate the utility of claims data in **monitoring** outcomes of surgery and inpatient hospital care more generally. In particular, analyzing changes in utilization... surgery in the ICD-9-CM coding system, it may ultimately prove useful in quality- **monitoring** activities as a preliminary screen in selecting cases for more intensive investigation.

Acknowledgments

The authors...

...the key stay through the 180th following admission to that stay. Each patient is thus **monitored** over a uniform period of 6 months following the date of surgical admission--not the...are used here as potential predictors of surgical outcomes. Month-by-month enrollment status (to check for

continuity of enrollment throughout a 12-month episode) and any patient background data not...Roos, L.L., Jr., Cageorge, S.M., N.P., and Danzinger, R.: Centralization, certification, and monitoring : Readmissions and complications after surgery. Medical Care 24(11):1044-1066, Nov. 1986...

20/3,AB,K/6 (Item 6 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01664189 SUPPLIER NUMBER: 19055708 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Comparison of two teaching strategies: adherence to a home monitoring program

Goldstein, Nancy L.; Snyder, Mariah; Edin, Cheryl; Lindgren, Bruce;
Finkelstein, Stanley M.

Clinical Nursing Research, v5, n2, p150(17)

May, 1996

PUBLICATION FORMAT: Magazine/Journal ISSN: 1054-7738 LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Academic; Professional

WORD COUNT: 5421 LINE COUNT: 00459

A home monitoring program was initiated at the University of Minnesota Hospital and Clinic (UMHC), a 560-bed...
...fibrosis patients (Finkelstein et al., 1986; Finkelstein et al., 1992). The focus of this home monitoring program is to provide health care professionals with data that will enable early detection of rejection or infection. The transplant- monitoring program uses an electronic spirometer and paperless diary system with educational, tracking , and feedback strategies to enhance use of the program and reliability of the recorded data...

...these transplant recipients, as they must learn to cope with chronic disease and long-term surveillance of their health status. Diminished teaching time available to nurses because of shortened hospital stays...
...a Patient Learning Center (PLC) where they participated in a structured, formal program on home monitoring and instrument use.

BACKGROUND

A criterion for the success of any educational intervention is whether patients acquire an increased ability to manage their health care. In a recent survey conducted by Cleary et al. (1991), 20% to 30% of 6,455 newly discharged patients...

...part of a routinely scheduled health care encounter or as a separate service. Bartlett (1991) questions how patient education services can best be delivered and describes advantages to both integrated and...

...UMHC. Differences in adherence for transmission of weekly data were observed after instruction on home monitoring participation and instrument use was transferred from the clinic setting (integrated approach) to the PLC...the study data center. Information on vital signs and symptoms to be entered into the electronic spirometer/diary instrument each day was also covered. Approximately 30 minutes was spent with each...

...persons entering the room and drawing the subject's attention to another facet of the postoperative regimen. Recognizing that these problems might have an impact on subject adherence to the home monitoring protocol, arrangements were made to have the subjects taught by staff in the PLC.

PLC...

...heart-lung transplant surgery between December 1991 and October 1993 were eligible for the home monitoring study. Forty-eight transplants were performed during this time: five heart-lung (HL), 15 bilateral...

...complications, and the condition of 5 patients was not stabilized sufficiently to allow for home monitoring . One patient refused to

participate in the study. Of the remaining 32 subjects, 13 received home **monitoring** instruction in the clinic setting and 19 in the PLC. For this study, only subjects who had the electronic **monitor** at home for at least 6 months were included. This means that they received instruction...

...date. One of the clinic-instructed subjects was hospitalized within the first month of home **monitoring** and subsequently died. The effectiveness of the two teaching methods for the remaining 23 subjects, who were in the home **monitoring** program for a minimum of 6 months, was evaluated to determine ...the clinic-instructed group had support in place. Physical status at the onset of home **monitoring** was determined by the length of time between transplant surgery and **hospital discharge**. Physical status during the 6-month home **monitoring** period was determined by the number of hospitalization days for each group. Subject demographics are...

...before beginning the study.

DATA COLLECTION

Each study participant received an electronic spirometer/diary home **monitoring** instrument that contained a portable electronic spirometer, digital display, keypad, and modem (PFM-H100, Advanced...

...transmitted over a standard telephone line using a modem that is built into the home **monitoring** unit. Transmitted data is stored in a relational database.

The research team reviewed subjects, records...

...data and to identify changes in the subjects' parameters. A weekly log was maintained to **track** subjects' adherence to the protocol. Study participants were contacted if transmissions were not received for...

...or if changes needed to be made in their treatment regimen.

DATA ANALYSIS

The home **monitoring** diary adherence of two groups of lung and heart-lung transplant subjects were compared in...

...received from each subject, over 3- and 6-month periods, from the onset of home **monitoring**. A data record consists of a daily set of spirometry, vital signs, and symptom values...

...recorded by each subject over the 6-month period following each subjects start of home **monitoring**. The number of subjects submitting 46 or more (> 25%) and 91 or more (> 50%) records...

...Yates correction factor.

t test, chi-square analysis, and Fisher exact test were used to **check** for an imbalance between instructional groups for potential confounding variables (i.e., sex, age, family...

...PLC-instructed group was more adherent than the clinic-instructed group in following the home **monitoring** protocol. All subjects in both groups obtained and successfully transmitted the home data to the...

...records was used as the basic measurement unit for adherence. During the initial 3-month **monitoring** period, the average number of records for each subject in the clinic group was 46...both groups were similar in physical condition at the time of entry into the home **monitoring** program and over the 6-month study period. This was based on time to hospital...

...test). Both groups had comparable hospitalization stays during the first 6 months of the home **monitoring** period. The average number of hospitalization days was 16.4 for the clinic-instructed group...effective in promoting patient adherence to a prescribed home care regimen.

Adherence to the home **monitoring** program may have increased when patients were taught in the PLC, for a number of...

...be accommodated, and additional time can be spent helping patients determine how to fit home **monitoring** into their daily schedule and reviewing what to do if problems should occur. There is...

...study provides additional data supporting the effectiveness of structuring patient education. Bartlett (1991) raised the question of how patient education services can best be delivered. Findings from this study support a...

...W.. Walker, J. D., Delbanco, T. L. (1991). Patients evaluate their hospital care. A national survey . Health Affairs, 10, 254-267. Falvo, D. R. (1985). Effective patient education Gaithersburg, MD: AspenB. (1986). Feasibility and compliance studies of a home measurement monitoring program for cystic fibrosis. Journal of Chronic Diseases, 39, 195-205. Finkelstein, S. M., Hertz...

...Snyder. M., Edin, C., Wielinski, C., Lindgren, B.. Prasad, B., & Warwick. W. J. (1992). Home monitoring in lung transplantation: A model program. IEEE Engineering in Medicine and Biology Society Proceedings, 14

...

...C., & Hertz, M. I. (1993). Reliability and validity of spirometry measurements in a paperless home monitoring diary program for lung transplantation. Heart and Lung, 22, 523-533. Giloth, B. E. (1993...
DESCRIPTORS: Patient monitoring --

20/3,AB,K/8 (Item 8 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01970652 SUPPLIER NUMBER: 70451079 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Standardized Measures: Documenting Processes and Outcomes of Care for Patients Undergoing Coronary Artery Bypass Grafting.

Glessner, Theresa M.; Walker, Mary K.

MedSurg Nursing, 10, 1, 23

Feb, 2001

PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 1092-0811

LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 5215 LINE COUNT: 00444

... stay, and proxy measures of resource utilization. Outlyers for LOS and readmission to ICU are tracked by the system. The APACHE III system is useful in forecasting nursing and ...and hospital length of stay, and disposition at discharge. Mortality was operationally defined as death after surgery prior to discharge from the hospital . The Charlson Comorbidity Index score was assigned to each patient after all data, including co...

...patient records. The APACHE III data were collected using the APACHE III Clinical Decision Making computerized data system.

Permission to conduct the study was obtained from the institutional review board. The...patient outcomes. These systems will allow the facility to make adjustments in staffing ratios and track long-term outcomes such as functional status.

Purpose

* To determine whether severity data combined with...patient outcomes. These systems will allow the facility to make adjustments in staffing ratios and track long-term outcomes such as functional status.

References

Barie, P., Hydo, L., & Fisher, E. (1995...).

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February 19, 2004

File 610:Business Wire 1999-2004/Feb 18
File 810:Business Wire 1986-1999/Feb 28
File 613:PR Newswire 1999-2004/Feb 18
File 813:PR Newswire 1987-1999/Apr 30
File 649:Gale Group Newswire ASAP(TM) 2004/Feb 04
File 20:Dialog Global Reporter 1997-2004/Feb 18

Set	Items	Description
S1	50315	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERATION OR SURGERY OR SURGICAL)
S2	420303	COMPUTERI?ED OR AUTOMATED
S3	3554333	COMPUTER? ?
S4	2831686	ELECTRONIC????
S5	3041207	SURVEY??? OR QUESTION? OR CANVASS?
S6	838335	PATIENT? ? OR OUTPATIENT? ?
S7	20554	(DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR - SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8	60138	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHARG? OR RELEAS?)
S9	2370641	MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10	1615388	SURVEILLANCE OR TRACK???
S11	511	S1(S)S7:S8
S12	4	S2:S4(S)S11 [too recent]
S13	35757	S6(5N)S9:S10
S14	10	S13(S)S11
S15	0	S12 AND S14
S16	1	S14/2003:2004
S17	9	S14 NOT S16
S18	5	RD (unique items)
S19	4	S12 NOT (S14 OR S16)
S20	4	RD (unique items)

18/3,AB,K/1 (Item 1 from file: 613)

DIALOG(R)File 613:PR Newswire

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00685963 20011205LAW069

Visiting Nurses Use Pocket-Sized EKG to Improve Care

PR Newswire

Wednesday, December 5, 2001 13:18 EST

JOURNAL CODE: PR LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

DOCUMENT TYPE: NEWSWIRE

WORD COUNT: 443

TEXT:

...Systems is one of the first healthcare organizations using a pocket-sized EKG to identify **post-operative** cardiac patients who need additional monitoring.

Orange County's non-profit VNA Home Health Systems is a national leader using personal...

...to improve healthcare and the nursing profession.

Mission Hospital cardiac surgeon William Thibault, MD has monitored ten recent **post - operative** patients via VNAHHS clinician Debbie Beesley, RN and her PDA-based cardiac monitor. Excellent results so...

...identified for a change in medications after slow heartbeats were revealed by their test results.

Post - operative cardiac patients are released from the hospital as soon as they are ready to convalesce at home, usually within a few days.

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1 in 20 or 30 may develop a **post - operative** arrhythmia that could indicate the need to return to the hospital. The pocket-sized EKG...
...the entire care team that Dr. Thibault and VNAHHS consider an exciting advance in cardiac **post - operative** care.

Approved for use by the FDA in May 2001, the pocket-sized EKG, called...

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File 9:Business & Industry(R) Jul/1994-2004/Feb 17
File 15:ABI/Inform(R) 1971-2004/Feb 17
File 16:Gale Group PROMT(R) 1990-2004/Feb 18
File 160:Gale Group PROMT(R) 1972-1989
File 148:Gale Group Trade & Industry DB 1976-2004/Feb 18
File 621:Gale Group New Prod.Annou.(R) 1985-2004/Feb 18
File 649:Gale Group Newswire ASAP(TM) 2004/Feb 05
File 275:Gale Group Computer DB(TM) 1983-2004/Feb 18

Set	Items	Description
S1	15718	(HOME OR PATIENT) ()MONITORING
S2	37393	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S3	36768	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG??? OR RELEAS???)
S4	837044	AUTOMATED OR COMPUTERI?ED
S5	6479165	COMPUTER? ?
S6	4448983	ELECTRONIC????
S7	157	(HOME OR PATIENT) ()SURVEILLANCE
S8	0	(S1 OR S7) (S)S2(S)S3

File 476:Financial Times Fulltext 1982-2004/Feb 19
File 624:McGraw-Hill Publications 1985-2004/Feb 18
File 636:Gale Group Newsletter DB(TM) 1987-2004/Feb 18
File 634:San Jose Mercury Jun 1985-2004/Feb 18
File 149:TGG Health&Wellness DB(SM) 1976-2004/Feb W2
File 441:ESPICOM Pharm&Med DEVICE NEWS 2004/Feb W2
File 444:New England Journal of Med. 1985-2004/Feb W4
File 98:General Sci Abs/Full-Text 1984-2004/Jan
File 369:New Scientist 1994-2004/Feb W2
File 370:Science 1996-1999/Jul W3

Set	Items	Description
S1	2942	(HOME OR PATIENT) ()MONITORING
S2	35609	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S3	19042	. POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG??? OR RELEAS???)
S4	117904	AUTOMATED OR COMPUTERI?ED
S5	1033267	COMPUTER? ?
S6	735094	ELECTRONIC????
S7	78	(HOME OR PATIENT) ()SURVEILLANCE
S8	1	(S1 OR S7) (S)S2(S)S3 [a duplicate]

File 155:MEDLINE(R) 1966-2004/Feb W3
File 5:Biosis Previews(R) 1969-2004/Feb W3
File 73:EMBASE 1974-2004/Feb W3
File 34:SciSearch(R) Cited Ref Sci 1990-2004/Feb W2
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
File 144:Pascal 1973-2004/Feb W2
File 2:INSPEC 1969-2004/Feb W2
File 6:NTIS 1964-2004/Feb W3
File 8:Ei Compendex(R) 1970-2004/Feb W2
File 94:JICST-EPlus 1985-2004/Feb W2
File 95:TEME-Technology & Management 1989-2004/Feb W1
File 99:Wilson Appl. Sci & Tech Abs 1983-2004/Jan

File 65:Inside Conferences 1993-2004/Feb W3
File 35:Dissertation Abs Online 1861-2004/Jan
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13
File 233:Internet & Personal Comp. Abs. 1981-2003/Sep
File 474:New York Times Abs 1969-2004/Feb 18
File 475:Wall Street Journal Abs 1973-2004/Feb 18
File 256:SoftBase:Reviews,Companies&Prods. 82-2004/Jan

Set	Items	Description
S1	47137	(HOME OR PATIENT) ()MONITORING
S2	1259098	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S3	70980	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG??? OR RELEAS???)
S4	936191	AUTOMATED OR COMPUTERI?ED
S5	4592552	COMPUTER? ?
S6	2251196	ELECTRONIC????
S7	545	(HOME OR PATIENT) ()SURVEILLANCE
S8	44	(S1 OR S7) AND S2 AND S3
S9	7163131	S4:S6
S10	6	S8 AND S9
S11	6	RD (unique items)
S12	1	S11/2003:2004
S13	5	S11 NOT S12 [1 duplicate; 4 not relevant]
S14	3262803	QUESTION? OR SURVEY? OR CANVASS?
S15	6	S8 AND S14
S16	6	S15 NOT S10
S17	6	RD (unique items)
S18	6	Sort S17/ALL/PY,A
S19	506027	MONITORING/DE
S20	43	S8 AND S19
S21	31	S20 NOT (S10 OR S15)
S22	31	RD (unique items)
S23	4	S22/2003:2004
S24	7	S22/2002
S25	20	S22 NOT S23:S24
S26	20	Sort S25/ALL/PY,A

18/7/1 (Item 1 from file: 73)

DIALOG(R)File 73:EMBASE

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05500789 EMBASE No: 1993268888

Perioperative monitoring with pulse oximetry and late postoperative cognitive dysfunction

Moller J.T.; Svennild I.; Johannessen N.W.; Jensen P.F.; Espersen K.; Gravenstein J.S.; Cooper J.B.; Djernes M.; Johansen S.H.

Department of Anaesthesia, Rigshospitalet, University of Copenhagen, DK-2100 Copenhagen Denmark

British Journal of Anaesthesia (BR. J. ANAESTH.) (United Kingdom) 1993

, 71/3 (340-347)

CODEN: BJANA ISSN: 0007-0912

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

In a randomized, blinded clinical study, we have used objective and subjective measures to determine if perioperative monitoring with pulse oximetry - by virtue of its potential to lessen hypoxaemia would decrease

late **postoperative** cognitive dysfunction. We investigated 736 adult patients undergoing elective procedures (other than cardiac, neurosurgical or for cancer) under regional or general anaesthesia, allocated randomly to undergo (group I) or not to undergo (group II) pulse oximetry monitoring in the operating theatre and recovery room. Cognitive function was evaluated using the Wechsler memory scale (WMS) and continuous reaction time (RT) test the day before surgery, and on the 7th day **after operation** or at **discharge** if that occurred before **postoperative** day 7. A **questionnaire** sent 6 weeks **after surgery** elicited patients' subjective perceptions regarding cognitive abilities. There were no significant differences between the two groups in either the total WMS score, the score for each WMS subtests or RT test. The **questionnaire** revealed that 7% in group I and 11% in group II believed cognitive abilities had decreased (ns). For the 40 patients whose WMS scores were 10 points less **after** than before **operation**, a follow-up study was undertaken 3 months **after surgery**. At that time, the median WMS score had returned to the preoperative value. We conclude that, for these 736 patients, subjective and objective measures did not indicate less **postoperative** cognitive impairment after perioperative monitoring with pulse oximetry.

18/7/3 (Item 3 from file: 73)
DIALOG(R) File 73:EMBASE
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11099843 EMBASE No: 2001119781
Twelve years' clinical experience with the CarboMedics prosthetic heart valve
Aagaard J.; Tingleff J.; Hansen C.N.; Noergaard M.A.; Rasmussen C.E.
Dr. J. Aagaard, Dept. of Cardio-Thoracic/Vasc. Surg., Odense University
Hospital, DK-5000 Odense C Denmark
Journal of Heart Valve Disease (J. HEART VALVE DIS.) (United Kingdom)
2001, 10/2 (177-184)
CODEN: JHVDE ISSN: 0966-8519
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
NUMBER OF REFERENCES: 24

Background and aim of the study: The CarboMedics bileaflet prosthetic heart valve was first implanted as part of a prospective clinical study at the authors' institution in November 1987. The patient cohort included was part of a multicenter trial set up by the manufacturer for an FDA application. The present report details findings over a 12-year period, with a continuous follow up on this patient cohort. Methods: Between November 1987 and August 1990, 132 patients (68 males, 64 females; median age 56 years; range 12-74 years) received a CarboMedics heart valve prosthesis. All patients were included in the study, whether surgery was elective or emergency, first time or reoperation. There were 69 aortic, 49 mitral and 12 double (aortic + mitral) valve replacements. Two patients had isolated tricuspid valve replacement. Concomitant surgery was performed in 15 patients. Anticoagulation with warfarin was started on **postoperative** day 1. **After discharge**, patients were examined regularly as outpatients for up to five years. Subsequent follow up was obtained prospectively by **questionnaires** to the patients' general practitioner, or by telephone calls. Actuarial estimates of survival and freedom from morbid events were calculated using the Kaplan-Meier method; 95% confidence limits for the distribution function were calculated according to the Greenwood formula. Results: Complete follow up information was available for 94% of the patients; total follow up was 1,014.3 patient-years (pt-yr). Actuarial

survival at 12 years was 62 +/- 0.5% overall (61 +/- 6.5% for aortic; 66 +/- 7.5% for mitral; 65 +/- 14.0% for double valve replacements). Actuarial rates of freedom from complications were: valve thrombosis 100%, embolism 92 +/- 2.8%, and anticoagulant-related bleeding 77 +/- 5.6%. The linearized rates per 100 pt-yr were: embolism 0.89 (aortic 0.74, mitral 1.30); anticoagulant-related bleeding 2.56; paravalvular leakage overall 0.20 (aortic 0.37); prosthetic valve endocarditis overall 0.20 (aortic 0.37). There was no hemolysis, prosthetic valve dysfunction or structural deterioration. Conclusion: Over a 12-year time frame, the CarboMedics prosthetic heart valve has proven to be a highly reliable device with no structural failures, and a low incidence of valve-related complications.

24/7/4 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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11701720 EMBASE No: 2002274964

Use of censored data to monitor surgical-site infections

Thibon P.; Parienti J.J.; Borgey F.; Le Prieur A.; Bernet C.; Branger B.; Le Coutour X.

Dr. P. Thibon, Service d'Hygiène Hospitalière, CHU de Caen, Niveau 1, 14033 Caen Cedex France

Infection Control and Hospital Epidemiology (INFECT. CONTROL HOSP.

EPIDEMIOL.) (United States) 2002, 23/7 (368-371)

CODEN: ICEPE ISSN: 0899-823X

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 14

OBJECTIVE: To take into account the proportion of patients lost to follow-up when calculating surgical-site infection (SSI) rates. DESIGN: A multicenter SSI monitoring network in Basse-Normandie, France, using the definitions for SSI of the National Nosocomial Infections Surveillance System of the Centers for Disease Control and Prevention. PATIENTS: Between January 1, 1998, and December 31, 1999, 3,705 patients were operated on in 25 units of 10 institutions. RESULTS: Of the patients, 41.2% (range, 5.1% to 95.5%) were seen 30 days or more after their operation. The global SSI attack rate was 2.19% (95% confidence interval, 1.72% to 2.66%). With the use of the Kaplan-Meier method, the incidence rate was 3.11% (95% confidence interval, 3.06% to 3.16%). The difference between the attack rate and the Kaplan-Meier incidence rate for each unit varied according to the percentage of patients seen on or after day 30 postoperatively and the number of SSIs diagnosed in patients seen on or after day 30. CONCLUSIONS: Practice guidelines are needed for the international monitoring for postdischarge SSIs and the calculation of SSI rates. The proportion of patients seen 30 days after their operation is a major quality criterion for SSI monitoring and should be routinely given in monitoring reports, oral communications, and publications to compare results obtained by different teams.

26/7/4 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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06300153 EMBASE No: 1995334973

Postdischarge surveillance for nosocomial wound infection: Does judicious monitoring find cases?

Ferraz E.M.; Ferraz A.A.B.; Coelho H.S.T.D.; Viana V.P.; Sobral S.M.L.; Vasconcelos M.D.D.M.M.; Bacelar T.S.

Serial 10/053713

February 19, 2004

Ave. Rosa e Silva, 2063, Recife-PE 52050-020 Brazil
American Journal of Infection Control (AM. J. INFECT. CONTROL) (United States) 1995, 23/5 (290-294)
CODEN: AJICD ISSN: 0196-6553
DOCUMENT TYPE: Journal; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH
From 1988 through 1992, we conducted a prospective study of **postdischarge** surgical wound infection surveillance in our institution. A total of 6604 patients were seen **after discharge** in a centralized outpatient clinic, supervised by the infection control commission. Wounds were inspected, stitches were removed, and dressings were changed. This care was followed by referral of patients to the appropriate specialized surgical clinic. **Postdischarge** patient return rates for the period studied ranged from 68.4% to 91.2%. Wound infection detection in the outpatient clinic ranged from 32.2% (20 patients in 1991) to 50% (44 patients in 1990) for general surgical procedures and 52.9% (18 patients in 1990) to 91.4% (32 patients in 1992) for cesarean sections. Most surgical wound infections (87.6%, 127 patients) were diagnosed between the first and fourteenth **postoperative** days. We conclude that centralized **postdischarge** surveillance, as practiced in our institution, has enhanced the retrieval of wound infection data. At present, there is no universally accepted strategy for monitoring **postdischarge** surgical wound infection; however, we must take a rigorous approach to detect patients at risk for infection in our continuous attempt to improve the quality of surgical and **postoperative** care.

26/7/12 (Item 12 from file: 73)

DIALOG(R) File 73:EMBASE

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06797725 EMBASE No: 1997079937

Patients with cardiac disease for ambulatory surgery

Mingus M.L.

Dr. M.L. Mingus, Department of Anesthesiology, Mount Sinai Medical Center, One Gustave L. Levy Place, New York, NY 19929-6574 United States Anesthesiology Clinics of North America (ANESTHESIOL. CLIN. NORTH AM.) (United States) 1997, 15/1 (171-188)

CODEN: ACNAE ISSN: 0889-8537

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 89

Patients with CAD and valvular disease can safely undergo ambulatory surgery. Patient selection is critical to evaluate the patient's medical condition and optimize any unstable angina and CHF prior to surgery. Hemodynamic changes, which are common in brief but stressful ambulatory procedures, should be controlled to decrease the potential for complications (despite a lack of scientific evidence to support this concept). Surveillance for perioperative cardiac dysfunction should be continued into the postoperative period and by telephone communication after discharge.

26/7/13 (Item 13 from file: 5)

DIALOG(R) File 5:Biosis Previews(R)

(c) 2004 BIOSIS. All rts. reserv.

0012254214 BIOSIS NO.: 199900513874

An examination of the cost-effectiveness and costs of three methods of post-hospital discharge follow-up after cardiac surgery

AUTHOR: Whitman Gayle R (Reprint)
AUTHOR ADDRESS: Univ. Pittsburgh, Pittsburgh, PA, USA**USA
JOURNAL: Circulation 98 (17 SUPPL.): pIJ-IK Oct. 27, 1998 1998
MEDIUM: print
CONFERENCE/MEETING: 71st Scientific Sessions of the American Heart Association Dallas, Texas, USA November 8-11, 1998; 19981108
SPONSOR: The American Heart Association
ISSN: 0009-7322
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Citation
LANGUAGE: English

Serial 10/053713

February 19, 2004

File 350:Derwent WPIX 1963-2004/UD,UM &UP=200412

File 347:JAPIO Oct 1976-2003/Oct (Updated 040202)

File 371:French Patents 1961-2002/BOPI 200209

Set	Items	Description
S1	29367	POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT- ION OR SURGERY OR SURGICAL)
S2	65132	COMPUTERI?ED OR AUTOMATED
S3	693702	COMPUTER? ?
S4	2050020	ELECTRONIC????
S5	26833	SURVEY??? OR QUESTION? OR CANVASS?
S6	134782	PATIENT? ? OR OUTPATIENT? ?
S7	98	(DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR - SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8	19107	POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA- RG? OR RELEAS?)
S9	646072	MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10	263972	SURVEILLANCE OR TRACK???
S11	897527	MONITOR??? OR CHECK??? OR SURVEILLANCE OR TRACK???
S12	76495	IC=A61B-005
S13	18849	IC=G08B-021
S14	40247	IC=G06F-019
S15	290	S1 AND S7:S8
S16	22	S9:S10 AND S15
S17	5	S2:S4 AND S16
S18	3121	S9:S10(2N)S6
S19	1	S15 AND S18 [a duplicate]
S20	0	S5(10N)S6 AND S15
S21	0	S5 AND S6 AND S15
S22	16	S15 AND S6
S23	15	S22 NOT (S17 OR S19)
S24	0	S12 AND S23
S25	3	S9:S10 AND S6 AND S15
S26	2	S25 NOT S19 [not relevant]
S27	12	S1 AND S7
S28	2	S27 NOT (S17 OR S19 OR S22 OR S25) [not relevant]

17/26, TI/1 (Item 1 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2004 Thomson Derwent. All rts. reserv.

013042611

WPI Acc No: 2000-214464/200019

Memory management control system for computer, compares check point generation values generated after memory release and after receiving memory release demand based on which non-objective back-up page is set-up

23/26, TI/9 (Item 9 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2004 Thomson Derwent. All rts. reserv.

009885644

WPI Acc No: 1994-165559/199420

Rehabilitation of patients with breast cancer subjected to mastectomy - eliminating lymphorrhea and decreasing allergic reactions

File 348:EUROPEAN PATENTS 1978-2004/Feb W02
File 349:PCT FULLTEXT 1979-2002/UB=20040212,UT=20040205
Set Items Description
S1 40165 POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT-
ION OR SURGERY OR SURGICAL)
S2 95719 COMPUTERI?ED OR AUTOMATED
S3 287566 COMPUTER? ?
S4 348199 ELECTRONIC????
S5 114476 SURVEY??? OR QUESTION? OR CANVASS?
S6 173656 PATIENT? ? OR OUTPATIENT? ?
S7 439 (DISCHARG??? OR RELEAS???) (2N) (HOSPITAL? ? OR (MEDICAL OR -
SURGICAL) (2W) (FACILITY OR INSTITUTION))
S8 19833 POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA-
RG? OR RELEAS?)
S9 389330 MONITOR??? OR CHECK? ? OR CHECKING OR CHECKED
S10 162445 SURVEILLANCE OR TRACK???
S11 15915 IC=A61B-005
S12 1231 IC=G08B-021
S13 4496 IC=G06F-019
S14 338 S1(S)S7:S8
S15 13321 S9:S10(5N)S6
S16 5 S14(S)S15
S17 0 S14(S)S5(5N)S6 NOT S16
S18 1 S14(S)S5(5N)S6 [a duplicate]
S19 6 S2:S4(S)S6(S)S14
S20 4 S19 NOT S16
S21 9 S14(S)S9:S10(S)S6 NOT (S16 OR S19) [not relevant]
S22 0 S21 AND S11:S13
S23 3 S14 AND S11:S13
S24 1 S23 NOT (S16 OR S19 OR S21)

16/3,AB,K/4 (Item 4 from file: 349)

DIALOG(R)File 349:PCT FULLTEXT
(c) 2004 WIPO/Univentio. All rts. reserv.
00502038

HEALTH CARE DATA MANIPULATION AND ANALYSIS SYSTEM
MANIPULATION DE DONNEES SE REFERANT AU DOMAINE DE LA SANTE ET SYSTEME
D'ANALYSE

Patent Applicant/Assignee:

HOMEOPT LLC,
BENIGNO Benedict B,
FEUER Gerald A,
BURRELL Matthew O,
SADLER William E,
WITHERS Leland A,

Inventor(s):

BENIGNO Benedict B,
FEUER Gerald A,
BURRELL Matthew O,
SADLER William E,
WITHERS Leland A,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9933390 A2 19990708
Application: WO 98US27458 19981223 (PCT/WO US9827458)
Priority Application: US 9768825 19971224; US 9891552 19980702; US

98139423 19980825

Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ VN YU ZW GH GM KE LS MW SD SZ UG ZW AM AZ BY KG KZ MD RU TJ TM AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

Publication Language: English

Fulltext Word Count: 18800

English Abstract

Systems useful for analyzing data related to clinical pathways and performing actions based upon the analyses. A self-analyzing system for suggesting default clinical pathways for various procedures. A self-analyzing system for suggesting deviation from a current clinical pathway and entry into an alternative clinical pathway based upon historical information about the results of actions. Statistical analysis systems based on clinical pathways. A rating system for care providers or proposed pathways based on historical information. Systems for gathering clinical pathway information. Systems for tracking clinical pathway outcomes based on data collected post-treatment. A system for prequalification for appropriate discharge and post-discharge handling of and communication with a new class of patient, those requiring stable acute care (318). A questionnaire computer language and subsystem are used in various stages of the systems of the invention. Corresponding methods are also disclosed.

Fulltext Availability: Detailed Description

Detailed Description

... embodiment, the system is used to identify patients who are candidates for early (or late) post - operative discharge (and possibly stable acute care). The nurse or caregiver then sees the patient almost immediately at home and tracks the patient at home one or more times per day using the system and the information is...

16/3,AB,K/5 (Item 5 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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00371938

MATRICES WITH MEMORIES, SENSORS WITH MEMORIES AND USES THEREOF

MATRICES A MEMOIRES, CAPTEURS A MEMOIRES ET UTILISATIONS CORRESPONDANTES

Patent Applicant/Assignee:

IRORI,
NOVA Michael P,
POTASH Hanan,
XIAO Xiaoyi,
SARGENT Bradley J,
PARANDOOSH Zahra,
DAVID Gary S,

Inventor(s):

NOVA Michael P,
POTASH Hanan,
XIAO Xiaoyi,
SARGENT Bradley J,
PARANDOOSH Zahra,
DAVID Gary S,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9712680 A2 19970410

Application: WO 96US15999 19961003 (PCT/WO US9615999)

Priority Application: US 95387 19951003; US 95746 19951205; US 96813
19960402; US 96410 19960610; US 96252 19960624; US 96426 19960905; US
96435 19960906; US 96423 19960930

Designated States: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES
FI GB GE HU IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW
MX NO NZ PL PT RO RU SD SE SG SI SK TJ TM TR TT UA UG US UZ VN KE LS MW
SD SZ UG AM AZ BY KG KZ MD RU TJ TM AT BE CH DE DK ES FI FR GB GR IE IT
LU MC NL PT SE BF BJ CF CG CI CM GA GN ML MR NE SN TD TG

Publication Language: English

Fulltext Word Count: 94513

English Abstract

Combinations, called matrices with memories, of matrix materials that are encoded with an optically readable code are provided. The matrix materials are those that are used in as supports in solid phase chemical and biochemical syntheses, immunoassays and hybridization reactions. The matrix materials may additionally include fluophors or other luminescent moieties to produce luminescing matrices with memories. The memories include electronic and optical storage media and also include optical memories, such as bar codes and other machine-readable codes. By virtue of this combination, molecules and biological particles, such as phage and viral particles and cells, that are in proximity or in physical contact with the matrix combination can be labeled by programming the memory with identifying information and can be identified by retrieving the stored information. Combinations of matrix materials, memories, and linked molecules and biological materials are also provided. The combinations have a multiplicity of applications, including combinatorial chemistry, isolation and purification of target macromolecules, capture and detection of macromolecules for analytical purposes, selective removal of contaminants, enzymatic catalysis, cell sorting, sensors and drug delivery, chemical modification and other uses. Methods for tagging molecules, biological particles and matrix support materials, immunoassays, receptor binding assays, scintillation proximity assays, non-radioactive proximity assays, and other methods are also provided. Sensors containing a memory in combination with a matrix are also provided.

Fulltext Availability: Detailed Description

Detailed Description

... functionalized using n-butyllithium and N,N'-N',N'-tetramethylethylenediamine in hexane at 60' C, after which the polymer tube was bubbled with CO₂. The carboxylic acid loading was about 1...monitors are provided herein. In each embodiment, a memory is included as a means to track patient history and/or to store or record sensed information.

In particular, the memories and memories...

...detect reactions or event, to detect and store the detected information, and to permit remote monitoring of patients or samples.

Also provided herein, are embodiments of matrices with memories in which the matrix...vial, such as a vial used to collect HPLC fractions, or a vial containing a patient sample, their identity can be tracked . The memory will be a programmable electronic memory or a bar code. These memories can...

20/3,AB,K/3 (Item 3 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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Serial 10/053713

February 19, 2004

00846359

REMOTE PATIENT CARE**SOINS A DISTANCE POUR PATIENTS**

Patent Applicant/Assignee:

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Patent Applicant/Inventor:

MATORY Yvedt L, 100 Village Avenue, Dedham, MA 02026-4214, US, US (Residence), US (Nationality), (Designated only for: US)

Legal Representative:

GREENBERG Robert A (et al) (agent), Patent Group, Foley, Hoag & Eliot, LLP, One Post Office Square, Boston, MA 02109-2170, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200180059 A2-A3 20011025 (WO 0180059)

Application: WO 2001US12135 20010413 (PCT/WO US0112135)

Priority Application: US 2000196699 20000413; US 2000218949 20000714

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW

(EP) AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

(OA) BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZW

(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 4040

English Abstract

The disclosure describes techniques for use in a remote patient care system such as a remote patient care system that connects patients and health care professionals over a network using video conferencing.

Fulltext Availability: Detailed Description

Detailed Description

... 1 5 of the computer, patients receive a trial computer visit prior to their surgery.

After surgery and discharge 146, patients receive scheduled remote interactive disease management visits 150. For example, the patient may receive an e-mailed schedule identifying times to tam on their computers .

During the remote disease management visits 150, nurses use the system to remotely interact with...

24/3,K/1 (Item 1 from file: 348)

DIALOG(R)File 348:EUROPEAN PATENTS

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00252271

Apparatus for recognising rejection of transplanted hearts.**Vorrichtung zum Erkennen der Abstossungsreaktion nach Herztransplantation.****Dispositif detecteur de rejet de coeur transplante.**

PATENT ASSIGNEE:

Davies, David Wyn, (801580), Department of Cardiology St.Bartholomews Hospital, London E.C.1, (GB), (applicant designated states: DE;FR;GB;IT;NL;SE)

SIEMENS AKTIENGESELLSCHAFT, (200520), Wittelsbacherplatz 2, W-8000 Munchen 2, (DE), (applicant designated states: DE;FR;GB;IT;NL;SE)

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Lekholm, Bengt Anders, Gnejsvagen 4, S-16139 Bromma, (SE)

LEGAL REPRESENTATIVE:

Fuchs, Franz-Josef, Dr.-Ing. (3891), Postfach 22 13 17, W-8000 Munchen 22
, (DE)

PATENT (CC, No, Kind; Date): EP 268708 A1 880601 (Basic)
EP 268708 B1 921007

APPLICATION (CC, No, Date): EP 86309102 861120;

PRIORITY (CC, No, Date): EP 86309102 861120

DESIGNATED STATES: DE; FR; GB; IT; NL; SE

INTERNATIONAL PATENT CLASS: **A61B-005/04**

ABSTRACT WORD COUNT: 118

LANGUAGE (Publication, Procedural, Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPBBF1	294
CLAIMS B	(German)	EPBBF1	271
CLAIMS B	(French)	EPBBF1	338
SPEC B	(English)	EPBBF1	2406
Total word count - document A			0
Total word count - document B			3309
Total word count - documents A + B			3309

INTERNATIONAL PATENT CLASS: **A61B-005/04**

...SPECIFICATION heart was newly transplanted, with respect to amplitude and, optionally, interval, as well as possibly **polarity** and **sequence** of amplitudes, and means for recording and storing the results of a comparison **within** the apparatus for supply on demand by telemetry to means lying externally of the body for...

...cardiac implants modified to embody this invention either (A) to be worn by a patient **discharged** from **hospital** and/or (B) to be worn by a patient who is in a **post - operative** phase within a hospital. Apparatus embodying this invention is superior to that previously proposed in...

File 350:Derwent WPIX 1963-2004/UD,UM &UP=200412
File 347:JAPIO Oct 1976-2003/Oct(Updated 040202)
File 371:French Patents 1961-2002/BOPI 200209
Set Items Description
S1 608 (HOME OR PATIENT) ()MONITORING
S2 29367 POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT-
ION OR SURGERY OR SURGICAL)
S3 18934 POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA-
RG??? OR RELEAS???)
S4 65132 AUTOMATED OR COMPUTERI?ED
S5 693702 COMPUTER? ?
S6 2050020 ELECTRONIC????
S7 7 (HOME OR PATIENT) ()SURVEILLANCE
S8 1 (S1 OR S7) AND S2 AND S3 [a duplicate]

File 348:EUROPEAN PATENTS 1978-2004/Feb W02
File 349:PCT FULLTEXT 1979-2002/UB=20040212,UT=20040205
Set Items Description
S1 1185 (HOME OR PATIENT) ()MONITORING
S2 40165 POSTOP OR POSTOPERATIVE OR POSTOPERATION OR POSTSURGERY OR
POSTSURGICAL OR (AFTER OR POST) (2W) (OP OR OPERATIVE OR OPERAT-
ION OR SURGERY OR SURGICAL)
S3 19594 POSTDISCHARG? OR POSTRELEAS? OR (AFTER OR POST) (3W) (DISCHA-
RG??? OR RELEAS???)
S4 95719 AUTOMATED OR COMPUTERI?ED
S5 287566 COMPUTER? ?
S6 348199 ELECTRONIC????
S7 32 (HOME OR PATIENT) ()SURVEILLANCE
S8 0 (S1 OR S7) (S)S2(S)S3
S9 6 (S1 OR S7) AND S2 AND S3

9/3,AB,K/3 (Item 2 from file: 349)
DIALOG(R)File 349:PCT FULLTEXT
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00996752

METHODS OF PROVIDING MEDICAL INFORMATION AND RELATED SYSTEMS AND COMPUTER PROGRAM PRODUCTS

PROCEDES DE FOURNITURE D'INFORMATIONS MEDICALES ET SYSTEMES ET PRODUITS DE PROGRAMMES INFORMATIQUES ASSOCIES

Patent Applicant/Assignee:

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Patent Applicant/Inventor:

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Legal Representative:

MYERS BIGEL SIBLEY & SAJOVEC (agent), P.O. Box 37428, Raleigh, NC 27627,
US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200325703 A2-A3 20030327 (WO 0325703)

Application: WO 2002US29354 20020917 (PCT/WO US0229354)

Priority Application: US 2001322865 20010917

Designated States: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU
CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP

KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO
RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW
(EP) AT BE BG CH CY CZ DE DK EE ES FI FR GB GR IE IT LU MC NL PT SE SK TR
(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZM ZW
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 18543

English Abstract

Methods of displaying operation scheduling information can include retrieving scheduling information for scheduled operations in a plurality of operating rooms (1315) of a hospital area over a predetermined time period. The scheduling information for the scheduled operations can include a patient identification and a procedure identification. Current status information is retrieved for at least one of the scheduled operations while in progress wherein the current status information is selected from one of a plurality of milestones of a surgical operation while in progress. A table of scheduled operations over the predetermined time period is provided for display (1317) at a client device wherein for a respective scheduled operation, the table includes the respective patient identification (1321) and procedure identification wherein the table further includes the current status information. Related methods, systems, and computer program products are also discussed.

Fulltext Availability:

Detailed Description

Claims

Detailed Description

... available Internet connection speed.

Using embodiments of the invention, staff can look up anesthesia and **postoperative** care records from any Internet client in a secure fashion. They can also view the...by anesthesia, clerical or nursing staff directly into the system, or is automatically acquired from **patient monitoring** devices.

2. The perioperative period is the interval of time associated with a single surgical...

...patient home from hospital. This definition could also include outcome data gathered from the patient **after discharge** with respect to the associated surgical encounter.

3. JDBC is the abbreviation for Java Data...operating rooms, the hospital area can also include a plurality of preoperative preparation areas and **postoperative** recovery areas and wherein the operating rooms, preoperative preparation areas, and **postoperative** recovery areas is equipped with a respective electronic data entry system. Accordingly, retrieving current status...

...entry system in one or more of the operating rooms, preoperative preparation areas, and/or **postoperative** recovery areas. The scheduling information retrieved at block 3101 and the table for each of...

Claim

... Claim I wherein the hospital area fifffier includes a plurality of preoperative preparation areas and **postoperative** recovery areas and wherein the operating rooms, preoperative preparation areas, and **postoperative** recovery areas are equipped with respective electronic data entry systems, and wherein retrieving current status...Claim 31 wherein the hospital area ffirther includes a plurality of preoperative preparation areas and **postoperative** recovery areas and wherein the

operating rooms, preoperative preparation areas, and **postoperative** recovery areas are equipped with respective electronic data entry systems, and wherein the means for...Claim 61 wherein the hospital area further includes a plurality of preoperative preparation areas and **postoperative** recovery areas and wherein the operating rooms, preoperative preparation areas, and **postoperative** recovery areas are equipped with respective electronic data entry systems, and wherein the computer readable

9/3,AB,K/5 (Item 4 from file: 349)

DIALOG(R) File 349:PCT FULLTEXT

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00523875

REMOTE CARDIAC DISORDER RESPONSE SYSTEM

SYSTEME DE REACTION A DISTANCE A UN TROUBLE CARDIAQUE

Patent Applicant/Assignee:

BHARAT Patel,

ALHUSSINY Karim,

Inventor(s):

BHARAT Patel,

ALHUSSINY Karim,

Patent and Priority Information (Country, Number, Date):

Patent: WO 9955227 A1 19991104

Application: WO 99US2550 19990205 (PCT/WO US9902550)

Priority Application: US 9867199 19980427

Designated States: AL AM AT AU AZ BB BG BR BY CA CH CN CZ DE DK EE ES FI GB GE HU IS JP KE KG KP KR KZ LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK TJ TM TR TT UA UG US UZ VN GH GM KE LS MW SD SZ UG ZW AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE BF BJ CF CG CI CM GA GN GW ML MR NE SN TD TG

Publication Language: English

Fulltext Word Count: 22800

English Abstract

A medical facility (70) **after discharge** of a cardiovascular patient, can remain in contact with the patient. The patient is provided with a multiple lead EKG terminal spread (42) placed on the body. The collected EKG signals are multiplexed (46), converted into digital data (54), stabilized (56), compressed (62), then transmitted through a modulator (64) to a remote central location (70). At the central location, the transmitted EKG data is demodulated (74), decompressed (76) then analyzed using a neural network (82). It is compared with normal EKG signals, and signals captured in time from the same patient as part of the patient to get immediate treatment may be remotely activated either automatically or by an attending cardiologist. As appropriate, transmitter/receiver repeater stations (104), and synchronous satellites (110) may be used to convey these signals.

Fulltext Availability: Detailed Description

Detailed Description

... patients located in a hospital coronary care unit (CCU) and also to those who are **postoperative**. Monitoring while in the CCU is self-explanatory. It provides instantaneous data to the medical staff for emergency help dependent on the telemetry signals and data from the **patient**. Monitoring in a **postoperative** mode during recovery typically involves daily or near daily attendance of the recovering patient to...with graphic capability to display the electrocardiographic date. Thus, it a three way communication between **patient**, monitoring station and a physician which

makes present intervention helpful. Audio and video signals are also...

INVENTION

The present disclosure sets forth a monitoring system which is particularly effective for patients **after discharge** from a medical facility. This typically is applied to a patient after a myocardial infarction (MI), or **after heart surgery** of any sort. Alternatively, the monitoring system can be applied to elderly patients who, on...starts by the EMS personnel. The present apparatus sets forth a device which enables a **post operative** or recovering MI patient to be treated and restored to a substantial level of health...